

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036066

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5103

STATE FILE NUMBER

FILED OCT 7 1963

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. CLAIR</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY, MISSOURI</b>		c. CITY OR TOWN <b>ELDORADO SPRINGS.</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>VA HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>RR #4</b>	

3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>WILLIAM</b> Last <b>COOK</b>			4. DATE OF DEATH Month <b>SEPTEMBER</b> Day <b>16</b> Year <b>1963</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-16-07</b>	9. AGE (last birthday) <b>56 YRS</b>	10. IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER-STORE SALESMAN</b>			11. BIRTHPLACE (City and state or country) <b>ELDORADO SPRINGS, MO</b>		
13a. FATHER'S NAME <b>JAMES COOK</b>			14. NAME OF HUSBAND OR WIFE <b>ADDIE COOK</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WWII</b>			17. ADDRESS <b>VA HOSPITAL OFFICIAL RECORDS</b>		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarct, recent, of anterior left ventricle</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Recent occlusion of anterior descending coronary artery</b>		
DUE TO (c) <b>Atherosclerosis of coronary arteries</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>3:50</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>VA HOSPITAL, KANSAS CITY, MO</b>	

21. Attended the deceased from <b>SEPTEMBER 11, 1963</b> to <b>SEPTEMBER 16, 1963</b> Death occurred at <b>3:50 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>Robert Lovett</b>		22b. ADDRESS <b>VA HOSPITAL, KANSAS CITY, MO</b>		22c. DATE SIGNED <b>9-17-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>SEPT. 17, 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>PLEASANT SPRINGS CEMETERY - NEAR ELDORADO SPRINGS, MO.</b>	
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS, KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>9-18-63</b>		26. REGISTRAR'S SIGNATURE <b>Beaure Smith</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

8018

embalmer's seal returns to undersigned embalmers

embalmer's seal returns to undersigned embalmers **STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Robert A. Sawyer*

Licensed Embalmer No.

*4892*

P. O. Address

*Grand Park, Kan.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.